

F A C T S

(DEFENDANT: K. Sather, [Chief Dental Officer])

ORIGINAL

EXHIBIT C

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: October 23, 2006

To: CLEVELAND, H60545

From: K. Dennis, SSA
Medical Appeals

Subject: **APPEAL RESPONSE CTF-C-06-01608**

Medical Appeals has requested K. Sather, Chief Dental Officer, respond to your CDC 602 #CTF-C-06-01608 regarding your dental concerns. I will continue to request a response from the CDO. We also have your CDC 602 #CTF-C-06-03358 requesting a response to your overdue CDC 602. Medical Appeals apologizes for the delay.



K. Dennis, SSA
Medical Appeals Analyst

First Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 10 working days) Date assigned: MAY 23 2006

JUL 6 - 2006

Interviewed by: Clayton A. Layus, DDS CTF-Soledad

your request to proceed with your Full mouth extractions and fabrication of full upper and lower dentures is granted. Extractions of most of your teeth will be performed on Fri 6/23/06. A healing period of 6 wks to allow shrinkage of gums and ridges will be necessary prior to initial impressions to allow for a better fit.

Staff Signature

Division Head Approval

Signature

Clayton A. Layus, DDS CTF-Soledad

Title

TIMOTHY W. FRIEDERICH, M.D.

Title

STAFF PHYSICIAN & SURGEON

CTF - SOLEDAD

JUN 21 2006

Returned

Date to Inmate

JUL 18 2006

F. If dissatisfied, explain reasons for requesting a Second Level Review, and submit by mail to the third level within 15 days of receipt of response.

(ON-5-21-06) INMATE Cleveland Filed A "602" grievance for Repair hit teeth/mouth. ("ON-6-21-06") "602" grievance was granted. Since Then INMATE Cleveland has been to the Dentist "3" times ONLY to be told TO come back, Nothing has been done. Now he has been told his Dentist is UNDER INVESTIGATION by FPD and can't get work done, would like to see another dentist.

Signature

Date Submitted: 7-4-06

Second Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days) Date assigned: AUG 08 2006

☒ See Attached Letter

Due Date: SEP 06 2006

Signature

Date Completed:

Date Returned to Inmate

Warden/Superintendent Signature:

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature:

Date Submitted:

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION ☒ Granted ☐ P. Granted ☐ Denied ☐ Other☒ See Attached Letter

RECEIVED

AUG 8 2006

CTF APPEALS

CDC 602 (2/97)

Location: Institution/Parole Region

Log # 06-01608

Category 8-B

**INMATE PAROLEE
APPEAL FORM**
CDC 802 (12/87)

1. **CTF-C**
JUL 12 2008

1. **JAN 08 2007**

You may appeal any policy action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee action and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME Cleveland	NUMBER H-60545	ASSIGNMENT A-1-A) None	UNIT/ROOM NUMBER F-W-256-up.
--------------------------	--------------------------	-----------------------------------	--

A. Describe Problem: **This Inmate has been trying to get his teeth/mouth repaired since Sept - of 05. Dentist has taken all of the necessary X-rays and keeps promising me Cleveland that he will be sent a slip for follow up. That was more than 60 days ago. This inmate is being refused the proper dental care.**

If you need more space, attach one additional sheet.

B. Action Requested: **Would like for the dentist to fix and repair inmate Cleveland's mouth/teeth as requested.**
Thank you very much.
Inmate/Parolee Signature: **An Inmate Cleveland** Date Submitted: **5-21-06**

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

RECEIVED

Signature: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

RECEIVED

RECEIVED

Date Submitted: _____

JUL 12 2008 Appeal Number: _____

RECEIVED JUN 14 2006

Dr Larius

CTF MEDICAL APPEALS

MAY 23 2006

CTF APPEALS

06-01608

Rec'd 5-25-06-NASSIR CTF-C

First Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned:

JUN 28 2007

Due Date: AUG 10 2007

Interviewed by: _____

Staff Signature: _____

David L. [Signature]

Title: _____

Dentist

Date Completed: _____

8-3-07

Division Head Approved: _____

[Signature]

Title: _____

ADD

Returned

Date to Inmate: _____

AUG 13 2007

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: _____

CDC Appeal Number:

Signature: _____

D. FORMAL LEVEL

Staff Signature: _____

Date Returned to Inmate: _____

~~BYPASS~~

Staff Response:

C. INFORMAL LEVEL (Date Received: _____)

Date Submitted:

Format/Paroles Signature:

B. Action Requested:

If you need more space, attach one additional sheet. *11/15*

A. Describe Problem:

NAME IVAN Clevland

NUMBER

ASSIGNMENT

UNIT/ROOM NUMBER

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 1.15s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

CDC 602 (12/87)

APPEAL FORM

INMATE/PAROLEE

Location: Institution/Parole Region

Log No.

AUG 13 2002

Category

~~98820-20~~

CTF-S

2-2

To: Allypals - Coordinating This is a New Game.
process
Complete the Firing

First Level ☒ Granted ☐ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: **OCT 13 2006** Due Date: **NOV 29 2006**

Interviewed by: How appeal # CTF-C-06-01608 was completed & returned to the Inmate Appeals Office July 11, 2006. Attached was copy of the completed (2nd copy) appeal.

Staff Signature: X Dennis

Title: SSA

Date Completed: 12/9/06

Division Head Approved:

Signature: H. Sather

Title: CDO

Returned

Date to Inmate: DEC 13 2006

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

EX-100

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____

Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Warden/Superintendent Signature: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Inmate Cleveland Would like to Resubmit This Appeal Reason is that Nothing has been Done Since His Visit With The Dentist IN Feb. 07. Inmate Cleveland mouth and teeth have still not been repaired. IT has been almost two full years. Appeal Coordinator J. Aboyes / P.G. Dennis, Advice advised Inmate to Resubmit and complete section H). Would like my teeth and mouth repaired, ASAP.

Signature: Inmate Cleveland

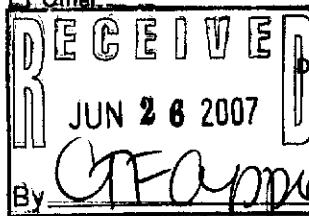
Date Submitted: 6-21-07

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied

☐ See Attached Letter

CDC 602 (12/07)



50-2,26,35
 70: The Chief Medical Officer:

**INMATE/PAROLEE
 APPEAL FORM**

CDC 603 (2-27)

Location: Institution/Parole Region

Log No.

Category

1. CTF-C

1. 06-03358

8/8

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
<u>I. Cleveland</u>	<u>H-60545</u>	<u>A-1-A</u>	<u>F-Wing 256-4P</u>

A. Describe Problem: INMATE Cleveland HAS BEEN TRYING TO
RECEIVED DENTAL CARE SINCE SEPT-05" HE HAS FILED
A 602" GRIEVANCE ON 5-23-06 THAT WAS GRANTED ON
THE FIRST LEVEL APPEAL LOG-NO: CTF-C-06-01608. DENTIST
WAS REPLACED FORCING INMATE CLEVELAND TO FILE GRIEVANCE
ON SECOND LEVEL REQUESTING ANOTHER DENTIST.

See-ATTACH pg.

If you need more space, attach one additional sheet.

WITNESS - OFFICER K. LEWIS:

B. Action Requested: THAT THE APPEAL ISSUE IN THE LOG NUMBER CTF-C-06-01608,
BE SENT BACK TO INMATE CLEVELAND, SO THAT THIS INMATE MAY
SEND TO SACRAMENTO/AN COURTS, AND THAT CALIFORNIA TRAINING
FACILITY PAY INMATE CLEVELAND IN THE AMOUNT OF 10,000 FOR PAIN
AND SUFFERING, AN INSTITUTION HUMILIATION,

Inmate/Parolee Signature: Inmate Cleveland

Date Submitted: 10-10-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

RECEIVED RECEIVED

Note: Proper Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

Date Submitted: _____

CDC Appeal Number: _____

OCT 12 2006

OCT 13 2006

06-03358

CTF APPEALS

CTF APPEALS

Emergency!
Appeals process has been clearly violated, (over and over)
INMATE/PAROLEE
APPEAL FORM
CDC 602 (12/87)
Location: Institution/Parole Region CTF-S Log No. 00774 Category 8-8
1. 2. APR 9 2007

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 1155, classification committee actions, and classification and staff representative decisions, you must first informally seek relief by discussing with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME Cleveland	NUMBER H-60545	ASSIGNMENT None	UNIT/ROOM NUMBER F-W-258-4
-------------------	-------------------	--------------------	-------------------------------

A. Describe Problem: INMATE Cleveland received a Priority pass to see the Dentist, by name of (Dr. Varela.) For "1300" on arriving to the dental. He was inform that this Dr. was not there. This is clearly a violation of the appeal process? Reason being, this inmate has been more than patient with this medical staff since Sept-05. Grievance was granted, still he has not seen a dentist? See attach-sheet, and exhibits to support facts.
If you need more space, attach one additional sheet.

B. Action Requested: This inmate has suffered enough since Sept-05, INMATE Cleveland has two action requested, one that his teeth and mouth be repaired immediately with no more delays, second request is to be paid for his pain and suffering. A court will decide that.
Inmate/Parolee Signature: [Signature] Date Submitted: 2-20-07

C. INFORMAL LEVEL (Date Received:)

Staff Response:

BYPASS

Staff Signature: Date Returned to Inmate:

D. FORMAL LEVEL
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: RECEIVED Date Submitted:

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

FEB 20 2007

00-00774

CTF APPEALS

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION
CORRECTIONAL TREATMENT FACILITY - SOLEDAD

Memorandum

Date: December 29, 2006

To: Cleveland, H60545

Subject: **CTF APPEAL LOG # CTF-S-06-01608**
SECOND LEVEL RESPONSE

ISSUE: Your CDC 602 appeal states that you have been trying to get your teeth/mouth repaired since September of 2005. You are requesting for the dentist to fix and repair your teeth/mouth as requested.

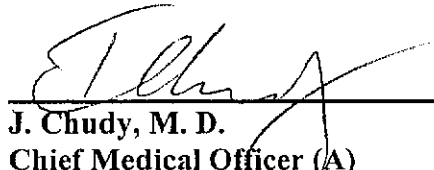
APPEAL RESPONSE: On 11/27/06 your CDC 602 appeal was partially granted at the first level of review. It states that on October 10, 2006 you were ducated to see the dentist to answer the 2nd level of a CDC 602. You claim that you tried to go east bound and the officers would not let you go and were sent back to your wing. You state that you have been patiently waiting for your dental repairs.

On Thursday 12/28/06 you were interviewed by Dr. Sather, Chief Dental Officer in the Central dental clinic. Your dental chart, dental issues and 602 issues were reviewed. You were informed that you will receive an exam by your treating dentist within 60days. Probably Maxillary (upper) Mandibular (lower) immediate dentures will be provided.

Your request was to not be without teeth very long and this will be considered.

APPEAL DECISION: Your Second Level appeal has been **GRANTED** in accordance with the policy and procedures as set forth in CCR Title 15 and DOM.

If you are dissatisfied with this decision, you may appeal to the Director's Level by completing section "H" on your appeal form, and submitting it by mail within 15 days of receipt of this response.



J. Chudy, M. D.
Chief Medical Officer (A)
CTF-Soledad

TO: the Chief Medical Officer:INMATE/PAROLEE
APPEAL FORM

Location: Institution/Parole Region

Log No.

Category 8-81. CTF-C1. 06-03358

2. _____

2. _____

CDC 60-171

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
<u>I. Cleveland</u>	<u>H-60545</u>	<u>A-1-A</u>	<u>F-111A-256-4</u>

A. Describe Problem: INMATE Cleveland HAS BEEN TRYING TO RECEIVED DENTAL CARE SINCE SEPT-05" HE HAS FILED A 602" GRIEVANCE, ON 5-23-06- THAT WAS GRANTED ON THE FIRST LEVEL APPEAL LOG-NO: CTF-C-06-01608, DENTIST WAS REPLACED, FORCING INMATE Cleveland TO FILE GRIEVANCE ON SECOND LEVEL REQUESTING ANOTHER DENTIST.

See-ATTACH pg.If you need more space, attach one additional sheet. Witness- OFFICER K. Lewis

B. Action Requested: THAT THE APPEAL ISSUE IN THE LOG NUMBER CTF-C-06-01608, BE SENT BACK TO INMATE Cleveland, SO THAT THIS INMATE MAY SEND TO SACRAMENTO/AN COURTS, AND THAT CALIFORNIA TRAINING FACILITY PAY INMATE Cleveland IN THE AMOUNT OF 10,000 FOR PAIN AND SUFFERING, AN INSTITUTION HUMILIATION.

Inmate/Parolee Signature: Inmate Cleveland Date Submitted: 10-10-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____
 RECEIVED RECEIVED
 Board of Control form BC-1E, Inmate Claim

Date Submitted: _____

CDC Appeal Number: _____

OCT 12 2006 OCT 13 2006

06-03358

CTF APPEALS CTF APPEALS

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

06-03404

Category

8-8

1. CTF-C

2.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Cleveland	H-60545		FW 0560

A. Describe Problem: ON-10-10-06" INMATE Cleveland had a DUCAT TO THE DENTIST, TO ANSWER SECOND LEVEL 602 - GRIEVANCE, FIRST LEVEL WAS GRANTED: TIME FOR DUCAT 07:30, BREAKFAST FOR F-WING ON DAY IN QUESTION WAS AT 6:45" INMATE TRIED TO GO EAST BOUND AT 0700 OFFICERS WOULD NOT LET INMATE Cleveland go TO A 7:30 DUCAT AT 7:00. HE WAS SENT BACK TO HIS WING AND WAS TOLD TO LOCK IT UP UNTIL WORK CALL WHICH WAS 8:00. See-ATTACH-PAGE:

B. Action Requested: This Inmate has been patiently waiting and trying to get his mouth repaired. That Dr. Mesica and OR INSTITUTION BE ORDERED TO PAY INMATE Cleveland IN THE AMOUNT OF \$10,000 FOR PAIN/AN SUPPLYING. See ATTACH-PAGE ON PAGE 2

Inmate/Parolee Signature: *A. Juan Cleveland* Date Submitted: 10-11-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification change, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Note: Property Funds appeals must be accompanied by a completed

Board of Control form BC-1E, Inmate Claim

Date Submitted: _____

CDC Appeal Number: _____

OCT 18 2006

DEC 5

NOV 28

06-03404

CTF APPEALS

CTF APPEALS

CTF APPEALS

A 602 GRIEVANCE WAS FILED IN MAY-06, REQUESTING FOR REPAIR ON HIS TEETH. FIRST LEVEL THE 602 WAS "GRANTED" ON DAY IN QUESTION. DENTIST WAS REMOVED FROM HIS POSITION AT THIS INSTITUTION. INMATE FILED ON SECOND-LEVEL REQUESTING FOR DENTIST AND STILL REPAIRS ON HIS TEETH AND MOUTH ONLY TO BE REFUSED ON-10-10-06.

REQUEST-64- THIS INMATE:

THAT HIS 602 GRIEVANCE APPEAL LOG NUMBER- C.T.F.-C-06-01608 BE SENT BACK TO INMATE, CLEVELAND. THIS INMATE IS VERY DISSATISFIED IN THE HANDLING OF THIS. HE ~~WAS~~ NO LONGER HAS FAITH OR TRUST IN THIS DENTAL STAFF, ESPECIALLY DR. NESIER WHO HAS CLEARLY VIOLATED THIS INMATE'S LEGAL RIGHTS TO BE TREATED FOR MEDICAL OR ~~PHYSICAL~~ DENTAL NEEDS. THIS INMATE IS ASKING THAT THIS DENTIST ~~AND~~ AND OR INSTITUTION BE ORDER TO PAY HIM IN THE AMOUNT OF \$10,000. FOR PAIN AND SUFFERING AND INSTITUTIONAL AND PUBLIC HUMILIATION THIS INMATE HAS BEEN TRYING FOR ALMOST A FULL YEAR TO GET HIS MOUTH REPAIRED BY THIS INSTITUTION. THIS IS TO ENSURE THAT IT IS UNDERSTOOD THAT SUCH BLATANT DISREGARD FOR THE LAW WILL NOT "TOLERATED" OR "CONDONED" IN ANY WAY.

Sincerely yours
A. H. H. H. 10-17-06

10 - The Chief Medical - Officer

~~TO: The Appeals Coordinator:~~

A Grievance WAS Filed Appeal issue being: ^{DENTAL} medical
 The Appeal Log Number is CTF-C-06-01608. DATE THAT
 This Appeal WAS Filed WAS (09-06-2006) IT IS NOW
 (10-18-06) The First Level WAS GRANTED. The DENTIST W.
 Filed. Second Level WAS SENT IN. MR. CLEVELAND RECEIVED
 A Yellow Slip From The Appeals COORDINATOR Due
 Date 9-06-06. There HAS NOT BEEN ANY ANSWER
 OR RESPOND. This inmate HAS BEEN TRYING TO
 get his teeth / mouth fix for 11 MONTHS. His 602
 Grievance WAS GRANTED AT The Formal Level. The
 second Level HASN'T BEEN ANSWERED. IT has been
 more Then 30 Working DAYS. This INMATE being
 IVAN CLEVELAND - H-60545 Would Like his 602
 Grievance ANSWERED AND his mouth / teeth fix as
 soon AS Possible. ^{Appeal is still pending}
^{response from Medical}

IVAN V. CLEVELAND - H-60545

F-WING - 256 - UP Refr question to CMO

ASSIGNED STAFF REVIEWER: DENTAL / Boyles

APPEAL issue medical

Due DATE 9-06-06.

RECEIVED

OCT 23 2006

Sincerely Yours

CTF
MEDICAL APPEALS

10-18-06.

[Signature]

INMATE APPEAL ASSIGNMENT NOTICE

Date: May 23, 2006

To: INMATE CLEVELAND, H60545
Current Housing: CFFWT2000000256U

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CTF-C-06-01608

ASSIGNED STAFF REVIEWER: D E N T A L
APPEAL ISSUE: MEDICAL
DUE DATE: 07/06/2006

Inmate CLEVELAND, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

J. Aboytes, CCII / P. G. Dennis, CCII
Appeals Coordinators
Correctional Training Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CLEVELAND, H60545
Current Housing: CFFWT2000000256U

Date: August 9, 2006

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CTF-C-06-01608

ASSIGNED STAFF REVIEWER: D E N T A L
APPEAL ISSUE: MEDICAL
DUE DATE: 09/06/2006

Inmate CLEVELAND, this acts as a notice to you that your appeal has been sent to the above staff for SECOND level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for THIRD level review. Third level appeals are to be mailed directly to:

Chief of Inmate Appeals
Department of Corrections
P. O. Box 942883
Sacramento, CA 94283-0001

J. Aboytes, CCII / P.G. Dennis, CCII
Appeals Coordinators,
Correctional Training Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CLEVELAND, H60545
Current Housing: CFFWT2000000256U

Date: October 13, 2006

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CTF-C-06-03358

ASSIGNED STAFF REVIEWER: D E N T A L
APPEAL ISSUE: MEDICAL
DUE DATE: 11/29/2006

Inmate CLEVELAND, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

J. Aboytes, CCII / P.G. Dennis, CCII
Appeals Coordinators,
Correctional Training Facility

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CLEVELAND, H60545
Current Housing: CFFWT2000000256U

Date: October 18, 2006

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: CTF-C-06-03404

ASSIGNED STAFF REVIEWER: D E N T A L
APPEAL ISSUE: MEDICAL
DUE DATE: 12/04/2006

Inmate CLEVELAND, this acts as a notice to you that your appeal has been sent to the above staff for FIRST level response. If you have any questions, contact the above staff member. If dissatisfied, you have 15 days from the receipt of the response to forward your appeal for SECOND level review.

J. Aboytes, CCII / P.G. Dennis, CCH
Appeals Coordinators,
Correctional Training Facility

ON 10-10-06 - INMATE Cleveland had A PASS TO GO TO SEE DENTIST Nesier AT 0730. CHOW FOR FLYING WAS OVER AT 0700. OFFICERS INFORMED INMATE Cleveland THAT HE HAD TO GO BACK TO HIS BUILDING. INMATE — Cleveland DID WHAT HE ~~WAS~~ WAS TOLD. HE WAS FORCED TO LOCK UP IN HIS CELL UNTIL 8:00 WORK CALL. HE IMMEDIATELY WENT TO THE DENTIST, ONLY TO BE TOLD AND REFUSED DENTAL CARE DUE TO HIM BEING A FEW MINUTES LATE. ON RETURNING TO HIS BUILDING, OFFICER K. LEWIS CALLED THE DENTIST AND INFORM DENTIST DR. NESIER THAT IT IS NOT INMATE CLEVELAND'S FAULT, AND THAT HE WAS BEING REFUSED MEDICAL ATTENTION. DR. NESIER LAUGHED AT HER AND STATED THAT INMATE CLEVELAND WOULD NOT RECEIVE ANOTHER PASS FOR THREE WEEKS. OFFICER LEWIS INFORMED THIS DENTIST THAT HE IS REFUSING THIS INMATE DENTAL CARE AND SUGGESTED THAT INMATE CLEVELAND WRITE A "NO OTHER GRIEVANCE". INMATE CLEVELAND HAS BEEN SUFFERING FROM PAIN FROM CRACKED BONE IN HIS MOUTH AND PAIN FROM TEETH. HE ALSO HAS NO FRONT TEETH. THE DENTAL MEDICAL STAFF HAS GONE OUT OF ITS WAY TO VIOLATE THIS INMATE'S RIGHTS FOR MORE THEN 8 MONTHS. WHICH HAS CAUSED HIM SEVERE PAIN AND INSTITUTION AND PUBLIC HUMILIATION. THIS INMATE IS VERY VERY DISSATISFIED WITH HOW THIS INSTITUTION HAS HANDLED THIS VERY SERIOUS PROBLEM. AND HAS NOT EVEN ALLOWED HIS FAMILY TO VISIT HIM DUE TO EMBARRASSMENT.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CORRECTIONAL TRAINING FACILITY - SOLEDAD

Memorandum

Date: November 27, 2006

To: CLEVELAND, H60545

Subject: **CTF APPEAL LOG # CTF-C-06-03404**
FIRST LEVEL RESPONSE

ISSUE: Your CDC 602 indicates that October 10, 2006 you had a ducat to the dentist to answer the 2nd Level of a CDC 602. You state that you tried to go East bound and the officers would not let you go your ducat and you were sent back to your wing. You state that you have been patiently waiting for your dental repairs. You are requesting that Dr. Nassir and CTF pay you \$10,000.00 for pain and suffering.

APPEAL RESPONSE: Your request for \$10,000.00 is beyond the scope of medical appeals.

CTF Dental cannot address your concerns with custody not letting you go to your ducat. You must address these concerns with custody.

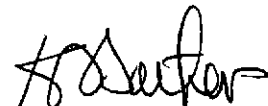
You were re-ducated November 6, 2006 at 1330 hours per Dr. Nassir.

APPEAL DECISION: Your First Level appeal has been **partially granted** in accordance with the policy and procedures as set forth in CCR Title 15 and DOM.

If you are dissatisfied with this decision, you may appeal to the Second Formal Level by completing Section "F" of your CDC 602 form, and submitting it to the Institution Appeals Office within 15 days of the receipt of this response.



K. DENNIS, SSA
Medical Appeals Analyst
CTF - Soledad



KYLE B. SATHER, DDS
Chief Dental Officer
CTF - Soledad

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

December 5, 2006

CLEVELAND, H60545

CFFWT2000000256U

Log Number: CTF-C-06-03404

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You are attempting to change your original appeal issue.

Comments: Dr. Nassir is no longer employed by CTF.



J. Aboites / P. G. Dennis
Appeals Coordinators
Correctional Training Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

December 13, 2006

CLEVELAND, H60545
CFFWT2000000256U

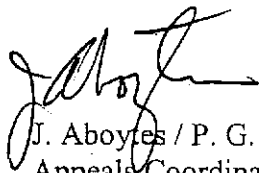
Log Number: CTF-C-06-03404

(Note: Log numbers are not assigned to screen out appeals, or informal level appeals)

The enclosed documents are being returned to you for the following reasons:

You are attempting to change your original appeal issue.

Comments: You need to file separate appeal for dental needs second notice.



J. Aboytes / P. G. Dennis
Appeals Coordinators
Correctional Training Facility

NOTE: Failure to follow instruction(s) will be viewed as non-cooperation and your appeal will be automatically dismissed pursuant to CCR 3084.4(d). This screening decision may not be appealed. If you believe this screen out is in error, please return this form to the Appeals Coordinator with an explanation of why you believe it to be in error, and supporting documents. You have only 15 days to comply with the above directives.

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE
--

TO: The APPEALS COORDINATOR:

THIS ENTIRE ISSUE WAS due TO DR. NASSIN.
 his DISRESPECTFUL MANNER TOWARD INMATES AS
 WELL AS OFFICERS. ALL I WANT IS MY MOUTH AND
 TEETH REPAIRED. WHICH I HAVE BEEN TRYING TO
 do SINCE SEPT-05. YOU AND THIS INSTITUTION
 HAVE FOUND EVERY WAY POSSIBLE TO VIOLATE THIS
 REQUEST. I'M ASKING FOR THE LAST TIME IN A
 VERY KIND WAY, MY ISSUE IS MY HEALTH due
 to MY TEETH AND MOUTH, DENTAL. I'M NOT
 GOING TO TO FILE ANYMORE GRIEVANCE CON-
 CERNING MY RIGHTS TO MEDICAL TREAT-
 MENT. IF THERE'S IS ONE MORE STALLING-
~~fact~~ FROM THIS INSTITUTION OR FROM ~~THE~~ DENTAL
 OR YOU EVEN THEN I WILL HAVE NO CHOICE
 but TO FILE A (PETITION TO THE COURT) SAYING
 THAT CTF ~~RE~~ (REFUSES TO TREAT ME) AND THEN
 FILE A (LEGAL LAWSUIT)
 FOR THE LAST TIME REQUEST TO SEE A DENTIST.

Sincerely Yours

[Signature]

DATE 12-6-05

TO APPEALS - COORDINATOR

TO APPEALS COORDINATOR. This Grievance is being sent to you on the Second-Level. P-granted on first. Inmate Cleveland has filed a grievance against Dr. Narssin. Does not feel comfortable with this Dr. He is very rude & disrespectful, even to the Wing Building Officer Officer Lewis. A Petition for writ Habeas Corpus has been filed on my behalf against him. My only request in the second level is for ANOTHER DENTIST TO TREAT ME!!

Thank-You Sincerely Yours

Alvin Cleveland
Date 12-1-06.

pend- Section - F -
second-level